FORM D



UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

APR 1 2 2004

RECEIVED

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR 158
UNIFORM LIMITED OFFERING EXEMPTION

1112388

OMB APPROVAL

OMB Number: 3235-0076

Expires: August 31, 1998
Estimated average burden

hours per form 16.00

| SEC US | E ONLY |
|---------|---------|
| Prefix | Serial |
| DATE RE | CCEIVED |
| 1 | 1 |

| Name of Offering (check if this is an ar Series A Convertible Preffered Stock | nendment and name has changed, and indicate change.) | | PROCESSED |
|---|---|-----------------|---|
| Filing Under (Check box(es) that apply): Type of Filing: New Filing Ame. | □ Rule 504 □ Rule 505 ☑ Rule 506 □ Section 4(6 ndment, Amendment #6 | 6) 🗆 ULOE | APR 2 0 2004 |
| | A. BASIC IDENTIFICATION D | ATA | 4 |
| 1. Enter the information requested about the | ne issuer | | THOMSON . |
| Name of Issuer (check if this is an amount of Issuer (check if this is an amount of Issuer). | endment and name has changed, and indicate change.) | ,,,, | PINANCIAL |
| Address of Executives Offices 445 Park Ave., Suite 900, New York, NY | (Number and Street, City, S | tate, Zip Code) | Telephone Number (Including Area Code) (212) 370-9222 |
| Address of Principal Business Operations (if different from Executive Offices) | (Number and Street, City, S | tate, Zip Code) | Telephone Number (Including Area Code) |
| Brief Description of Business | | | |
| Type of Business Organization ☐ corporation ☐ business trust | ☐ limited partnership, already formed☐ limited partnership, to be formed | □ other (please | e specify): |
| Actual or Estimated Date of Incorporation Jurisdiction of Incorporation or Organizati | or Organization: On: (Enter two-letter U.S. Postal Service abbreviation for CN for Canada; FN for other foreign jurisdic | | ☑ Actual ☐ Estimated |

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B, Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

| | A. BASIC IDENT | IFICATION DATA | | |
|---|--|------------------------------|------------|--------------------------------------|
| 2. Enter the information requested for the f | ollowing: | | | |
| Each promoter of the issuer, if the issuer. Each beneficial owner having the pow securities of the issuer; Each executive officer and director of Each general and managing partner of | er has been organized with ver to vote or dispose, or di corporate issuers and of co | rect the vote or disposition | · | • • |
| Check Box(es) that Apply: Promoter | Beneficial Owner | Executive Officer | ☑ Director | ☐ General and/or Managing Partner |
| Full Name (Last name first, if individual) | | | | |
| Capoor, M. Nathan | 4 | | | |
| Business or Residence Address (Number | and Street, City, State, Zip | Code) | | |
| 445 Park Ave., Suite 900, New York, NY | , 10022 | | | · |
| Check Box(es) that Apply: Promoter | Beneficial Owner | Executive Officer | ☑ Director | ☐ General and/or Managing Partner |
| Full Name (Last name first, if individual) | | | | |
| Laumas, Sandeep | ; ; | | | |
| Business or Residence Address (Number | and Street, City, State, Zip | Code) | | |
| 280 Park Ave., 4 West, New York, NY, | 10017 | | | |
| Check Box(es) that Apply: Promoter | ☑ Beneficial Owner | Executive Officer | Director | ☐ General and/or Managing Partner |
| Full Name (Last name first, if individual) | | | | |
| Antonacci Roberto | | | | |
| Business or Residence Address (Number | and Street, City, State, Zip | Code) | | |
| 445 Park Ave., Suite 900, New York, NY | , 10022 | | | |
| Check Box(es) that Apply: Promoter | Beneficial Owner | Executive Officer | Director | ☐ General and/or Managing Partner |
| Full Name (Last name first, if individual) | | | | |
| Tarrant Venture Partner, L.P. | ‡ ! | | | • |
| Business or Residence Address (Number | and Street, City, State, Zip | Code) | | |
| 201 Main Street, Suite 2420, Fort Worth | , TX, 76012 | | | |
| Check Box(es) that Apply: Promoter | Beneficial Owner | Executive Officer | ☑ Director | ☐ General and/or Managing Partner |
| Full Name (Last name first, if individual) | | | | |
| Verkuil, Paul | • | | | |
| Business or Residence Address (Number | and Street, City, State, Zip | Code) | | |

570 Lexington Avuenue, 16th floor, New York, NY, 10022

| B. INFORMATION ABOUT OFFERING | |
|---|--------------------|
| Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering? | Yes No □ |
| 2. What is the minimum investment that will be accepted from any individual? | <u>\$ NA</u> |
| 3. Does the offering permit joint ownership of a single unit? | Yes No □ 🔯 |
| 4. Enter the information requested for each person who has been or will be paid or given, directly or indirect | |
| commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offer a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of broker or dealer, you may set forth the information for that broker or dealer only. | ering. If state or |
| Full Name (Last name first, if individual) | |
| Business or Residence Address (Number and Street, City, State, Zip Code) | |
| Name of Associated Broker or Dealer | |
| States in Which Person Listed Has Solicited or Intends to Solicit Purchasers | |
| (Check "All States" or check individual States) | All States |
| □[AL] □[AK] □[AR] □[CA] □[CO] □[DE] □[DC] □[FL] □[GA] □[HI] □[ID] □[IL] □[IN] □[IA] □[KS] □[KY] □[MD] □[MI] □[MI] □[MN] □[MN] | |
| Full Name (Last name first, if individual) | |
| | |
| Business or Residence Address (Number and Street, City, State, Zip Code) | |
| Name of Associated Broker or Dealer | |
| States in Which Person Listed Has Solicited or Intends to Solicit Purchasers | |
| (Check "All States" or check individual States) | All States |
| □[AL] □[AK] □[AR] □[CA] □[CO] □[DE] □[DC] □[FL] □[GA] □[HI] □[ID] □[IL] □[IN] □[IA] □[KY] □[LA] □[MD] □[MA] □[MI] □[MN] □[MN] □[MN] □[MN] □[ND] □[ND] □[OK] □[OK] □[OK] □[PA] □[RI] □[SC] □[SD] □[TN] □[TX] □[VT] □[VA] □[WA] □[WV] □[WI] □[WY] □[PR] | |
| Full Name (Last name first, if individual) | |
| | |
| Business or Residence Address (Number and Street, City, State, Zip Code) | |
| Name of Associated Broker or Dealer | |
| States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States) | All States |
| ☐[AL] ☐[AK] ☐[AZ] ☐[AR] ☐[CA] ☐[CO] ☐[CT] ☐[DE] ☐[DC] ☐[FL] ☐[GA] ☐[HI] ☐[ID] ☐[IL] ☐[IN] ☐[IN] ☐[KS] ☐[KY] ☐[LA] ☐[ME] ☐[MD] ☐[MA] ☐[MI] ☐[MN] ☐[MN] ☐[MS] ☐[MO] ☐[MT] ☐[NE] ☐[NV] ☐[NH] ☐[NJ] ☐[NM] ☐[NY] ☐[NC] ☐[ND] ☐[OH] ☐[OK] ☐[OR] ☐[PA] ☐[RI] ☐[SC] ☐[SD] ☐[TN] ☐[TX] ☐[UT] ☐[VT] ☐[VA] ☐[WA] ☐[WV] ☐[WI] ☐[WY] ☐[PR] | |

| | C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE O | F PR | OCEEDS | | | | |
|------------------|--|-------------------|-------------------------|---|----------|-----------------------|-------------|
| a c | Inter the aggregate offering price of securities included in this offering and the total amount dready sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, heck this box \square and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. | | | | | | |
| | Type of Security | Off | ggregate ering Price | | | Amount Iready So | ld |
| | Debt | \$ | 0 | 9 | 3 | 0 | |
| | | | | | | | |
| | Equity | \$ | 530,007 | | \$ | 2,781, | <u>978</u> |
| | ☐ Common ☐ Preferred | | | | | | |
| | Convertible Securities (including warrants) | \$ | _0 | 9 | S | 0 | |
| | Partnership Interests | \$ | 0 | 9 | S | 0 | |
| | Other: (Specify:) | | | 9 | S | 0 | |
| | Total | | | | \$ | 2,781, | 978 |
| Ansv | wer also in Appendix, Column 3, if filing under ULOE. | | | | | | |
| 2. E tl ir | inter the number of accredited and non-accredited investors who have purchased securities in his offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount f their purchases on the total lines. Enter "0" if answer if "none" or "zero." | | | | | | |
| | | N | umber of | | | Aggregate Ilar Amo | |
| | | | nvestors | | | f Purchase | |
| A | Accredited Investors | | 6 | 9 | <u> </u> | 530,0 | <u> 007</u> |
| N | Von-accredited Investors | | | 9 | S | | |
| | Total (for filings under Rule 504 only) | | | Ş | S | | |
| A | Answer also in Appendix, Column 4, if filing under ULOE. | | | | | | |
| s n | f this filing is for an offering under Rule 504 or 505, enter the information requested for all ecurities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) nonths prior to the first sale of securities in this offering. Classify securities by type listed in lart C – Question 1. | | | | | | |
| T | Type of offering | | Type of | | Do | llar Amo | unt |
| | | | Security | | | Sold | |
| | tule 505 | | | | <u> </u> | | |
| | Regulation A | | | | | | |
| F | Rule 504 | | | 5 | <u> </u> | | |
| | Total | · <u></u> | | 5 | <u> </u> | | |
| s is | Furnish a statement of all expenses in connection with the issuance and distribution of the ecurities in this offering. Exclude amounts relating solely to organization expenses of the ssuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. | | | | | | |
| Γ | ransfer Agent's Fees | | | 5 | B | | |
| F | Printing and Engraving Costs | | | | ß | | |
| | egal Fees | | | | | | |
| | Accounting Fees | | | | | | |
| | Engineering Fees | | | | | | |
| | sales Commissions (specify finders' fees separately) | | | | | | |
| | Other Expenses (identify | | | | | | |
| | Total | | | _ | t | 0 | |
| | t vuit | • • • • • • • • • | ····· | | ν | <u> </u> | |

| | C. OFFERING PRICE, NUM | : IBER OF INVESTORS, EX | KPENSES AND USE OF | PROCEEDS | | | |
|-------------------|--|--|--|------------------------------------|------|---|--------------|
| | b. Enter the difference between the aggregate of 1 and total expenses furnished in response to Pagross proceeds to the issuer." | urt C - Question 4.a. This d | fference is the "adjusted | .,,, | 9 | 5 | 530,007 |
| 5. | Indicate below the amount of the adjusted gross for each of the purposes shown. If the amount and check the box to the left of the estimate adjusted gross proceeds to the issuer set forth in | for any purpose is not known the total of the paymen | own, furnish an estimate ts listed must equal the | | | | |
| | | | | Payments to Officers, Directors, & | | • | ients To |
| | | | | Affiliates | 4 | | thers |
| | Salaries and fees | | | | | | , |
| | Purchase of real estate | • | | | | | |
| | Purchase, rental or leasing and installation of | • • | | | | | |
| | Construction or leasing of plant buildings and Acquisition of other businesses (including the | | | 2 | L 3 | · | |
| | offering that may be used in exchange for the pursuant to a merger) | assets or securities of anoth | ner issuer | \$ | | 5 | |
| | Repayment of indebtedness | | | | | | |
| | Working capital | . | | | | _ | 530,007 |
| | Other (specify) | | | | | | |
| | • | | | | | | |
| | | | | | | š | |
| | Column Totals | | | | | ß | |
| | Total Payments Listed (column totals added) | , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | \$ | ; | 530,007 |
| | | | | | | | |
| | | 4 - | | | | | |
| • | | D. FEDERAL SIGNAT | מן זי | | | | |
| | | | | | | | 505 3 |
| ollo | issuer has duly caused this notice to be signed wing signature constitutes an undertaking by the staff, the information furnished by the issuer to a | issuer to furnish to the U.S | S. Securities and Exchang | ge Commission, | upon | | |
| ssue | r (Print or Type) | Signature | | Date | | | |
| AMF Systems, Inc. | | MNC | | March 30, | 2004 | | |
| Jam | e of Signer (Print or Type) | Title of Signer (Print or | Гуре) | | | | |
| ΛN | athan Capoor | President and CEO, MM | IF Systems, Inc. | | | | |
| | | r. | | | | | |
| | | • | | | | | |

ATTENTION:

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)